

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/018662	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1	1	1						
2	1		1					
3			1					
4			1					
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9			1					
10	①		1					
11	④		1					
12	①		1					
13	④		1					
14	①		1					
15	①		1					
16	⑤		1					
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TOTAL D.			1					
TOTAL P.			16					
TOTAL AIMS			17					
TOTAL CLMS								

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

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